

216005632  
80496

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 140	Agency Case No. B6-009758	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/03/2016		(In Military Time) TIME OF ACCIDENT 2000	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2012	02/04/2016	
B 28	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. NW 1 St at Technology Dr		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		Technology Dr		NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 05	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 4	DRIVER LICENSE NO.	H13109320		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 5	DRIVER	SASHA J WELCH		PHONE	402-560-3865	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/21/1989	
G 2	OWNER	SASHA J WELCH		PHONE	402-560-3865	
V1/O 3	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB503414	
H 2	LICENSE PLATE	PA NO. TZM646	YEAR 2004	MAKE Infiniti	MODEL AWD	BODY STYLE 4 door Sedan
V1/O 3	VEHICLE	2004	Infiniti	AWD	4 door Sedan	gray
V2/O 1	VEHICLE ID NO. (VIN)	JNKCV51F74M701890		INSURANCE COMPANY	Bristol West Insurance Company	
I 1	TOWED TO	101 Charleston		TOWED BY	Capital Towing	
J 01	TOWED TO	101 Charleston		TOWED BY	Capital Towing	
VEHICLE NO. 2						
F 4	DRIVER LICENSE NO.	H13018199		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	ERIK T DORAN		PHONE	402-326-1730	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/11/1976	
J 01	OWNER	Friesen Excavating Inc		PHONE	402-423-7076	
V1/Q 1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
V2/Q 4	LICENSE PLATE	NO. None	YEAR 1997	MAKE Unknown / Oth	MODEL Samsung SL 1	BODY STYLE Construction/m
K 03	VEHICLE	1997	Unknown / Oth	Samsung SL 1	Construction/m	orange
V1/Q 1	VEHICLE ID NO. (VIN)			INSURANCE COMPANY	Union Agency	
V2/Q 4	TOWED TO			TOWED BY		
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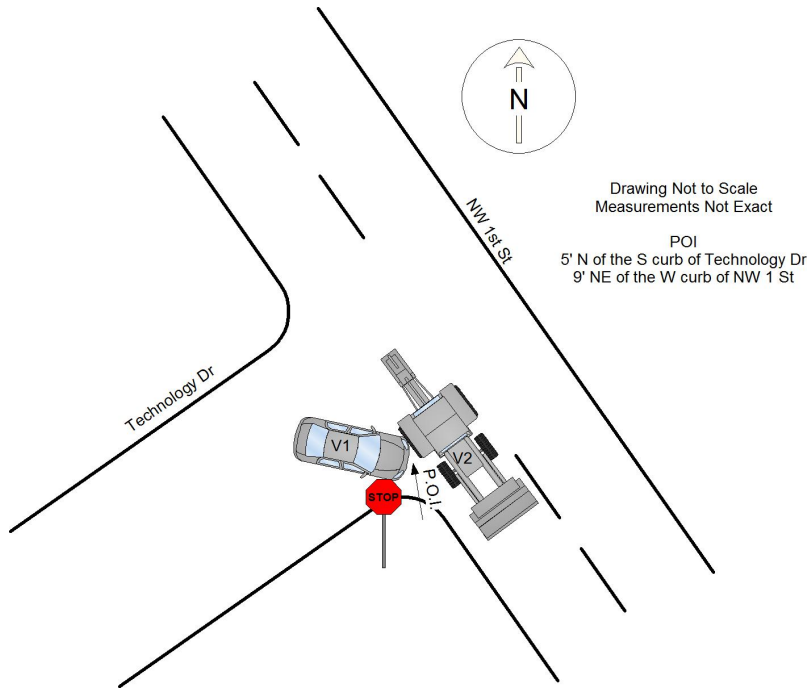
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-009758**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 stated she was traveling NE on Technology Drive/Innovation-NW 1st. D1 stated that she was approaching the stop sign and attempted to stop, however she slid on the ice. D1 stated that she collided with the tire of V2.  
D2 stated he was traveling SB on NW 1st St, approaching Technology Dr. D2 stated that he saw V1 coming through the stop sign and was not going to stop. D2 stated that he was not able to avoid a collision. D2 stated that V1 collided with the rear tire of V2.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2		
1	X				Technology Dr		POINT OF IMPACT	08	POINT OF IMPACT	04	<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">4</div>		<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">2</div>		
2			X		NW 1st & Tec		POINT OF IMPACT	08	POINT OF IMPACT	00	<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">4</div>		<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">2</div>		
1	11	06 Turning left				MOST DAMAGED AREA	08	MOST DAMAGED AREA	00	<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">4</div>		<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">2</div>		<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">2</div>	
2	01	08 Entering traffic lane				MOST DAMAGED AREA	08	MOST DAMAGED AREA	00	<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">4</div>		<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">2</div>		<div style="border:1px solid black; width:40px; height:40px; margin:2px; text-align:center;">2</div>	
01 Essentially straight ahead		09 Leaving traffic lane		00 None		02		03		04		05		06	
02 Backing		10 Parked		09 Top & windows		08		07		06		05		04	
03 Changing lanes		11 Slowing or stopped in traffic		10 Undercarriage		01		02		03		04		05	
04 Overtaking/ Passing		12 Other		11 Total (all areas)		08		07		06		05		04	
05 Turning right		13 Unknown		12 Other		01		02		03		04		05	

OFFICER NO. <b>1745</b>	TROOP/ TEAM/ BEAT <b>SW</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Kathryn Meade</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Kathryn Meade</b>	
DATE OF REPORT <b>02/04/2016</b>			